

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027435

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 146

Primary Registration District No. 4237

Registrar's No. 329

FILED JUL 17 1962

1. PLACE OF DEATH
a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Mo. b. COUNTY JACKSONb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN RAYTOWNLength of stay in 1b
23 yrs.

c. CITY OR TOWN RAYTOWN

Inside Limits
Yes ☒ No ☐c. FULL NAME OF DECEASED (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 9814 E 53rd ST.Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
9814 E 53rd ST.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Keith E. FAY4. DATE OF DEATH
Month Day Year
July 8 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 1, 1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fisher Body

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Brookfield, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Addison H. Fay

13b. MOTHER'S MAIDEN NAME

Alice Smalley

14. NAME OF HUSBAND OR WIFE

Beatrice Fay

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Beatrice Fay 9814 E 53rd St.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

15 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterial Sclerosis Heart Disease

10 yrs.

DUE TO (c)

Rheumatic fever.

30 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct 1951 to July '62

and last saw her alive on

6/29/62

Death occurred at

July 8, 1962

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H. L. Biggs, M.D.

22b. ADDRESS

RAYTOWN, Mo. 71962

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

July 11, 1962

23c. NAME OF CEMETERY OR CREMATORY

FLORAL HILLS Cem.

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

Mo.

24. FUNERAL DIRECTOR

HINTON FUNERAL HOME

ADDRESS

RAYTOWN, Mo.

25. DATE RECD. BY LOCAL REG.

7-10-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

1 7003

2 7003

3 2

4 0

5 1

6 0

7 2

8 9416X

10 1290-0

11 1-0

12 1-0

13 1-0

DOCUMENT

BY AFFIDAVIT OF

JUL 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest D. Coldsmont

Licensed Embalmer No. 4714

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.